



STATE OF ARKANSAS  
OFFICE OF THE ATTORNEY GENERAL  
DUSTIN McDANIEL

**INTERN APPLICATION**

1. All applicants must submit a complete application packet by the appropriate deadline for the sought internship session. Please include:
  - Intern Program Application
  - Current Resume
  - Two Letters of Recommendation
2. The application packet may be submitted by U.S. Mail or by facsimile.
  - Applications may be faxed to (501) 682-5315 ATTN: Kara Maack or mailed to

Intern Program  
Office of the Attorney General  
ATTN: Kara Maack  
323 Center Street, Suite 200  
Little Rock, Arkansas 72201

3. Incomplete applications will not be considered. Please review your items thoroughly prior to submission.

OFFICE OF ATTORNEY GENERAL DUSTIN McDANIEL  
**INTERN APPLICATION**

***\*\*Please type or print using black ink.\*\****

**PERSONAL DATA**

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Full Name: \_\_\_\_\_

College Resident Address: \_\_\_\_\_  
\_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone number(s) where you can be easily reached: \_\_\_\_\_

Resident of Arkansas? ☐ Yes ☐ No

Date of Birth: \_\_\_\_\_

**AVAILABILITY**

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Please indicate the term in which you are interested.

- ☐ *Spring 2010 (deadline December 15)*  
☐ *Summer 2010 (deadline April 30)*  
☐ *Fall 2010 (deadline July 31)*

Are you available to work at least 20 in-office hours a week? ☐ Yes ☐ No

If no, please state how many hours you are available per week. \_\_\_\_\_

Please indicate your availability:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

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**EDUCATION INFORMATION**

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Current College or University (*Name, City, State*): \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

Minor Field of Study (if applicable): \_\_\_\_\_

*If you would like to receive academic credit for your internship, please send the appropriate materials from your college or university with your complete packet.*

**BACKGROUND INFORMATION**

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Have you served as an intern for the Attorney General's Office before? ☐ Yes ☐ No

If yes, please list the dates in which you interned. \_\_\_\_\_

List ALL previous intern positions held, if applicable.

\_\_\_\_\_

**ESSAY AND NARRATIVE INFORMATION**

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Please state why you would be a good representative of the Arkansas Attorney General's Office.

What would you contribute to the Intern Program?

What do you consider your most significant accomplishment? Why?

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**AREAS OF INTEREST**

Please list, in order of preference, the four departments in the agency that most interest you. Every effort is made to accommodate preferences; however, you may be considered by any department in the Attorney General's Office. (You may choose your preferences from the following departments: Public Protection, Civil Litigation and Agencies; Criminal, Medicaid, Communications/Media, Constituent Services, Community Relations, Public Affairs.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**CERTIFICATION**

My statements on this form and any attachments are true, complete, and correct to the best of my knowledge and belief. I understand that falsification of any of my answers will lead to the rejection of my application and/or immediate dismissal from the program.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**REFERENCES** *(please include name, mailing address, phone number, fax number and email address):*

- 1.
- 2.
- 3.